

Indiana Professional Licensing Agency
Indiana Board of Nursing (Group 02)
402 W. Washington St. Room W072
Indianapolis, IN 46204



To renew by mail - please return this entire page to the address above after answering all questions and entering your CSR Number on the form. Be sure to enclose your renewal fee of \$60. Checks should be made payable to: "Indiana Professional Licensing Agency".

CSR – PRESCRIPTIVE AUTHORITY RENEWAL FORM						
<p>Mail To: Indiana Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204</p> <p>Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.</p> <p>I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.</p>	Enter CSR Number		Date Expires	Renewal Fee		
			10/31/2011	\$60.00		
	1.	SINCE YOU LAST RENEWED: have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?		YES	NO	
				YES	NO	
	2.	SINCE YOU LAST RENEWED: have you had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?		YES	NO	
		Signature Of Applicant: (respond Yes or No to all questions) <table border="1" style="width: 100%;"> <tr> <td>Date Signed:</td> </tr> <tr> <td>Email Address:</td> </tr> </table>			Date Signed:	Email Address:
Date Signed:						
Email Address:						
Print Name:	Enter change of address: – MUST BE AN INDIANA LOCATION			PAY A \$50.00 LATE FEE IF POST MARKED AFTER 10/31/2011		

- IF YOU ANSWERED “YES” to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on EVERY page(s) of all document(s) submitted with your renewal.
- CSR addresses must be geographically located in Indiana and cannot be a P.O. Box. If you are renewing multiple CSR’s please make sure that you put the correct corresponding letter on each CSR renewal. If you are entering a new CSR address please send a new collaborative agreement reflecting that address to the Board for approval.
- Online renewal information: Login ID is your RN license number including the alphabetic character at the end. Password is the last four digits of your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at www.pla.in.gov - use **License Express** option. By renewing online, your license will be updated in approximately one business day. If you choose to renew by paper, please expect a minimum of 4-6 weeks for processing.
- Late renewals: If you renew after October 31, 2011, you must pay a \$50.00 late fee in addition to the standard renewal fee. **THERE ARE NO EXCEPTIONS.**
- Name changes: Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other Court Order establishing legal name) and mail to the address above. Be sure to include your license number. Copies of social security cards are not accepted as valid name change documents.
- If you have questions, contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.